

## Summary of Benefit Chart Changes

| Chart Name                                                                         | Health Plan                                       | Field Headings           | Current Chart Information                                                                                                                                                                                                                            | Changes                                                                                                                                                                                             | Notes                                                    |
|------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| PERS Care, PERS Choice & Employee Association Plans-2002 Basic Only (Purple Chart) | PERSCare PPO/Out-Of-Area                          | Periodic Health Exam     | THE FIELD IS BLANK                                                                                                                                                                                                                                   | No Charge                                                                                                                                                                                           |                                                          |
| “                                                                                  | PERSCare Non-PPO                                  | Period Health Exam       | THE FIELD IS BLANK                                                                                                                                                                                                                                   | 40%                                                                                                                                                                                                 |                                                          |
| “                                                                                  | PERSCare PPO/Out-Of-Area                          | Mental Health Inpatient  | 10% <sup>1 &amp; 2</sup><br>30 days/calendar year<br>Refer to EOC                                                                                                                                                                                    | 10% <sup>1 &amp; 2</sup><br>30 days/calendar year                                                                                                                                                   | Deleted<br>Refer to EOC                                  |
| “                                                                                  | PERSCare Non-PPO                                  | Mental Health Inpatient  | 40% <sup>1 &amp; 2</sup><br>30 days/calendar year<br>Refer to EOC                                                                                                                                                                                    | 40% <sup>1 &amp; 2</sup><br>30 days/calendar year                                                                                                                                                   | Deleted<br>Refer to EOC                                  |
| “                                                                                  | PERSCare Non-PPO                                  | Mental Health Outpatient | 40% <sup>1</sup><br>30 days/calendar year<br>Refer to EOC                                                                                                                                                                                            | 40% <sup>1</sup><br>30 days/calendar year                                                                                                                                                           | Deleted<br>Refer to EOC                                  |
| “                                                                                  | PERS Choice PPO/Out-of-Area                       | Hospital Inpatient       | 20% <sup>1 &amp; 2</sup>                                                                                                                                                                                                                             | 20% <sup>1</sup>                                                                                                                                                                                    | Deleted footnote <sup>2</sup>                            |
| “                                                                                  | PERS Choice PPO/Out-of-Area                       | Hospital Outpatient      | \$20                                                                                                                                                                                                                                                 | 20%                                                                                                                                                                                                 | Change to percent rather than dollar                     |
| “                                                                                  | PERS Choice PPO/Out-of-Area                       | Office Visits            | \$10                                                                                                                                                                                                                                                 | \$20                                                                                                                                                                                                | Change dollar amount                                     |
| “                                                                                  | PERS Choice PPO/Out-of-Area                       | Periodic Health Exam     | THE FIELD IS BLANK                                                                                                                                                                                                                                   | NO Charge                                                                                                                                                                                           |                                                          |
| “                                                                                  | PERS Choice Non-PPO                               | Periodic Health Exam     | THE FIELD IS BLANK                                                                                                                                                                                                                                   | 40%                                                                                                                                                                                                 |                                                          |
| “                                                                                  | PERS Choice Non-PPO                               | Hospital Inpatient       | 40% <sup>1 &amp; 2</sup>                                                                                                                                                                                                                             | 40% <sup>1</sup>                                                                                                                                                                                    | Deleted footnote <sup>2</sup>                            |
| ”                                                                                  | <u>PERS Choice PPO/Out-of-Area</u><br><br>Non-PPO | Deductibles & Footnotes  | \$500/Individual \$1000 Family<br>\$2,000,000 lifetime aggregate maximum payment per person.<br>PERS Choice deductibles & copayments are not transferable to PERSCare. <sup>1</sup> Refer to EOC<br><sup>2</sup> \$250 hospital admission deductible | \$500/Individual \$1000 Family<br>\$2,000,000 lifetime aggregate maximum payment per person.<br>PERS Choice deductibles & copayments are not transferable to PERSCare.<br><sup>1</sup> Refer to EOC | Deleted <sup>2</sup> \$250 hospital admission deductible |

## Summary of Benefit Chart Changes

| Chart Name                                                                                                                                                            | Health Plan                           | Field Name/Headings                 | Current Chart Information                                                          | Changes                                                                            | Notes                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------|
| PERS Care, PERS Choice & Employee Association Plans-2002 Basic Only (Purple Chart)                                                                                    | PERSCare PPO/Out-Of- Area             | Skilled Nursing Care                | 90%<br>First 10 days<br>80%<br>Next 170 days. Maximum 180 days each calendar year. | 10%<br>First 10 days<br>20%<br>Next 170 days. Maximum 180 days each calendar year. | Changed Percentages                  |
| “                                                                                                                                                                     | PERSCare Non-PPO                      | Skilled Nursing Care                | 60%<br>Maximum 180 days<br>Each calendar year.                                     | 40%<br>Maximum 180 days<br>Each calendar year.                                     | Changed Percentage                   |
| “                                                                                                                                                                     | CAHP Health Benefits Trust PPO        | Emergency Services                  | \$25 <sup>2</sup><br>90% PPO Facility                                              | \$25 <sup>2</sup><br>10% PPO Facility                                              | Changed Percentage                   |
| “                                                                                                                                                                     | CAHP Health Benefits Trust NON-PPO    | Emergency Services                  | \$25 <sup>2</sup><br>60% non-PPO/non-emergency                                     | \$25 <sup>2</sup><br>40% non-PPO/non-emergency                                     | Changed Percentage                   |
| PERS Care, PERS Choice & Employee Association Plans-2002 Benefit Summary for Supplement to Original Medicare Only (Aqua Chart)                                        | PERSCare                              | Hearing Aid Services<br>Hearing Aid | 20% <sup>3</sup><br>\$2000 max.<br>per month,<br>once every<br>24 months           | 20% <sup>3</sup><br>\$2000 max.<br>per member,<br>once every<br>24 months          | Per month<br>Should be<br>Per member |
| Health Maintenance Organizations<br>2002 Benefit Summary for Basic, Supplement to Original Medicare, & Medicare Managed Care Plans (Medicare + Choice) (Yellow Chart) | Supplement to Original Medicare Plans | Eye Glasses                         | \$10 <sup>4</sup><br>Benefit beyond Medicare coverage.                             | Not covered unless necessary after cataract surgery <sup>4</sup>                   | Deleted and revised text             |